PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION (Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE INJURIES) Your Department's Risk Management BARS Code: Department .46.0030 Employee Name **Employee** Division, Section, Etc. Completing Report Work Address Work Phone Name Home Address Home Phone Person Injured/Involved in Occupation the Accident or Incident Employed By: Work Phone 00000 What was the involved person doing at the time of accident or incident2 Date Time Date, Time and **Place** Location Nature and extent of injury Where was injured taken after accident? Name of Doctor The injury Why was injured on premises? Home Phone Owner's Name Address **Property Damage** or Theft of List damage: **Property** sature for Basin Struck and broke phone as six inches deep and 3ft from locate (Attach additional sheets if necessary.) **Description of** Accident. **Incident or Unsafe** Condition Locate #: 10051720 YES NO **Locates Required?** PARKS - Did person resume skating? YES Describe 1st Aid: Address Wk Phone **Hm Phone**

Return completed form to:

Witnesses

Date

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303

Address

Date, location and badge # or name of police authority to whom incident was reported:

Tacoma, WA 98402

Hm Phone

Signature of Department or Agency Head

Signature of Employee



